

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 747300

1. Entity Name
WELCH'S SUBDIVISION CIVIC ASSOCIATION, INC.



Principal Place of Business
11014 SW WELCH AVE
ARCADIA, FL 34269 US

Mailing Address
11269 SW WELCH AVE
ARCADIA, FL 34269 US

DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2938103

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLARD, EARLE
11269 SW WELCH AVE
ARCADIA, FL 34269

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE EARLE ALLARD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02-23-08

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALLARD, EARLE
STREET ADDRESS	11269 SW WELCH AVE
CITY-ST-ZIP	ARCADIA, FL 34269
TITLE	D
NAME	HATFIELD, BRUCE
STREET ADDRESS	11149 SW CRENSHAW AVE
CITY-ST-ZIP	ARCADIA, FL 34269
TITLE	ST
NAME	HATFIELD, SUSAN
STREET ADDRESS	11149 SW CRENSHAW AVE
CITY-ST-ZIP	ARCADIA, FL 34269
TITLE	D
NAME	ABBOTT, WAYNE
STREET ADDRESS	11243 SW WELCH AVE
CITY-ST-ZIP	ARCADIA, FL 34269
TITLE	D
NAME	GRIFFITHS, HARRY
STREET ADDRESS	11176 S.W. WELCH AVENUE
CITY-ST-ZIP	ARCADIA, FL 34269
TITLE	VD
NAME	FINCHER, PAUL
STREET ADDRESS	11189 SW WELCH AVE
CITY-ST-ZIP	ARCADIA, FL 34269

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03/06/08-80013-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARLE ALLARD
Earle W. Allard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 23, 2008

Date

941-629-9945

Daytime Phone #